

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44A114	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2011
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NAME OF PROVIDER OR SUPPLIER

LAKESHORE HEARTLAND

STREET ADDRESS, CITY, STATE, ZIP CODE

**3025 FERNBROOK LANE
NASHVILLE, TN 37214**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the corridor openings as required.</p> <p>The findings include:</p> <p>Observation during the survey on 5/4/11 at 11:00 AM, revealed the dining room corridor door latch failed to release to open.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 5/4/11.</p>	K 018	<ol style="list-style-type: none"> On 5/4/11, the latch to the dining room corridor door was repaired by the Maintenance Assistant. On 5/5/11, all doors with this type latch were inspected and found to have no deficiencies. All doors with this type latch will be inspected monthly by the Maintenance Assistant to ensure the latch is operational. The monthly inspections by the Maintenance Assistant will be audited by the Environmental Services Director until no problems are found with the inspections for 3 consecutive months. 	6/17/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Judy French

TITLE

Administrator

(X6) DATE

05/20/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 23 2011

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K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the electrical equipment as required.</p> <p>The findings include:</p> <p>1. Observation during the survey on 5/4/11 at 2:05 PM, revealed there was an electrical junction box without any cover plate above the 3rd floor elevator lobby ceiling.</p> <p>2. Observation during the survey on 5/4/11 at 2:20 PM, revealed, there were three electrical junction boxes above the 4th floor ceiling space next to the fire door without any cover plate.</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 5/4/11.</p>	K 147	<p>#1</p> <ol style="list-style-type: none"> On 5/4/11, the missing electrical box cover above 3rd floor elevator lobby ceiling was installed by the Maintenance Assistant. On 5/5/11, all junction boxes above the ceiling were inspected for missing covers and repaired by the Maintenance Assistant and the Environmental Services Director. All junction boxes will be inspected monthly by the Maintenance Assistant to ensure compliance. The monthly inspections by the Maintenance Assistant will be audited by the Environmental Services Director until no problems are found with the inspections for 3 consecutive months. <p>#2</p> <ol style="list-style-type: none"> On 5/4/11, the missing electrical box covers above the 4th floor ceiling space were installed by the Maintenance Assistant. On 5/5/11, all junction boxes above the ceiling were inspected for missing covers and repaired by the Maintenance Assistant and the Environmental Services Director. All junction boxes will be inspected monthly by the Maintenance Assistant to ensure compliance. The monthly inspections by the Maintenance Assistant will be audited by the Environmental Services Director until no problems are found with the inspections for 3 consecutive months. 	<p>6/17/11</p> <p>6/17/11</p>

MAY 23 2011